MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

0668

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 658 Franklin St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 658 Franklin St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mrs. Stella May Akers

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Mr. Joseph C. Akers

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 1st 1874

8. AGE:

Years	Months	Days	If less than one day
65	8	20	____ hrs. ____ min.

9. Birthplace Harford Co. Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business at home

FATHER 12. Name John Moffett

13. Birthplace Maryland

MOTHER 14. Maiden name Harriett Cullum

15. Birthplace Maryland

16. Informant Mrs. Joseph C. Akers

Address 658 Franklin St. Havre de Grace

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 23-1940 (month) (day) (year)

Cemetery or crematory Angle Hill

Location Havre de Grace

18. Funeral director Henry Tarring Sons

Address Aberdeen Md

19. Jan 22nd 1940 (Date rec'd by registrar) James H. Day M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21st 1940, at 8-25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1940, to Jan 21 1940, and that I last saw her alive on Jan 21 1940.

Immediate cause of death	DURATION
Coronary thrombosis	1 Day
Due to arteriosclerosis	10 Years
Due to	
Other conditions grippe	1 wk

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Wolbert M. D. or other

Address Havre de Grace Date signed 1/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (314)

CERTIFICATE OF DEATH

0669

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town White Hall, R. F. D. 3rd

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 69 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town White Hall R. F. D. Shawsville

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Benjamin Franklin Cupp

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27, 1871

8. AGE: Years	Months	Days	If less than one day
68	10	29	hrs. min.

9. Birthplace Harford Co. Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Thomas J. Cupp

13. Birthplace Harford Co. Md.

MOTHER 14. Maiden name Elizabeth Norris

15. Birthplace Baltimore Co.

16. Informant Mrs. J. Beatrice Almony

Address Fawn Grove Pa.

17. Burial Date thereof Jan 28 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cupp Chapel

Location Shawsville, White Hall R. F. D.

18. Funeral director P. Madeline Son

Address White Hall, Md.

19. Jan 28 1940 Thomas R. Brown

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 17 1940, to Jan. 26 1940, and that I last saw h[illegible] alive on Jan. 26 1940.

	DURATION
Immediate cause of death Uremia	
Due to Chronic nephritis	
Due to	
Other conditions Generalized arterio-sclerosis Hypertension	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. M. France M. D. or other

Address Pendleton, Ind. Date signed 1/28/40

FEB 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0670

(131-E)

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Harford Registration Dist. No. 181

Village or City Level No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward A. Baldwin If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Harriett Baldwin

6. DATE OF BIRTH (month, day, and year) Dec. 29, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	mos.	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Crops

10. Date deceased last worked at this occupation (month and year) Nov. 1939

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Harford Co., (State or country) Md.

FATHER

13. NAME Samuel T. Baldwin

14. BIRTHPLACE (city or town) Harford Co., (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie Baldwin

16. BIRTHPLACE (city or town) Harford Co., (State or country) Md.

17. INFORMANT Robert L. Baldwin (Address) Perry Point, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Rock Run Cem. Date Jan. 26, 1940

19. UNDERTAKER H. S. Bailey (Address) Darlington, Md.

20. FILED Jan 25, 1940 Burdette B. Knight Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 23 (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from June 1, 1938 to Jan 23, 1940

I last saw him alive on Jan 23, 1940; death is said to have occurred on the date stated above, at 12½ P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1938
Other Contributary Causes of Importance:	
Enlarged Prostate	1936

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. E. Gallion M. D.

(Address) Darlington, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED FEB 6 1940 BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

0671

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T) (M)

1. PLACE OF DEATH:
County Harford
City or town near Taylor (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 84 Years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Harford
City or town near Taylor Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME James Edward Beatty

3. (b) Social Security Number none

4. Sex: male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Elizabeth Beatty
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Aug 9 1855
8. AGE: Years 84 | Months 5 | Days 18 | If less than one day — hrs. — min.
9. Birthplace near Taylor Harford Co Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business —
FATHER 12. Name James Flannigan Beatty
13. Birthplace new market Balto Co Md.
MOTHER 14. Maiden name Mary Grayton
15. Birthplace Taylor Md.
16. Informant Chelsea Beatty
Address Marston Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 30-40 (month) (day) (year)
Cemetery or crematory Ebenezer
Location Taylor ~~Forest Hill~~ R.D.
18. Funeral director E. G Kurtz & Son
Address Jarrettsville Md.
19. Jan 30 1940 (Date rec'd by registrar) Thomas R Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1940, at 10:20 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 11 1940, to Jan 27 1940, and that I last saw him alive on Jan 26 1940.

	DURATION
Immediate cause of death: Chr. Myocardial Disease	3 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other
Address Forest Dale, Md Date signed 1/27/40

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

0672

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Harford

City or town near Churchville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Unknown County Unknown

City or town Unknown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Unknown

3. (a) FULL NAME George Bellas

3. (b) Social Security Number Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Unknown

6 (b) Name of husband or wife Unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
54			hrs. min.

9. Birthplace Unknown
(Town, county and state)

10. Usual occupation Unknown

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Unknown

16. Informant Dr. J. H. Ramsey M.D.

Address Aberdeen, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 27 - 1940 (month) (day) (year)

Cemetery or crematory County Home

Location Near Bel Air, Md

18. Funeral director Henry Jarrett Sons

Address Aberdeen Md

19. Jan 27 1940 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1940, at 7:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19

	DURATION
Immediate cause of death Fracture of Skull	
Intracranial Hemorrhage	
Frac. 3rd Cerv. Vertebra	
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 1/21/40

Where did injury occur? Near Churchville (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?) Route 22

Means of injury Struck By Auto, Injured at work? No

23. SIGNATURE J. H. Ramsey M.D.
Dep. Med. Exam. Coroner
M.D. or other

Address Aberdeen, Md. Date signed 1/22/40

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FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (151-2)

0673

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:

County: Harford

City or town: Harre De Grace
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital.

Stay in hospital or inst. (yrs., or mos., or days): 2 mos. 14 das.

Stay in this community (yrs., or mos., or days): 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Abingdon Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ida May Bennett

3. (b) Social Security Number: 3

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	Widowed

6 (b) Name of husband or wife: Martin Bennett

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 2 - 1870

8. AGE: Years	Months	Days	If less than one day
69	10	18	hrs. min.

9. Birthplace: Penna.
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business:

FATHER — 12. Name: William King

13. Birthplace: Balto Md

MOTHER — 14. Maiden name: Mary Ellen Feezer.

15. Birthplace: Balto Md

16. Informant: Stuart Bennett

Address: 674 Bessemer Ave Dundalk

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-22-1940 (month) (day) (year)

Cemetery or crematory: Mt Carmel Cemetery

Location: O Donnel St

18. Funeral director: William Cook

Address: 1217 St Paul St Balto Md

19. Jan. 20 1940 (Date rec'd by registrar) James H. Bay MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 20 1940, at 6:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 6th 1939, to Jan 20th 1940, and that I last saw her alive on Jan 20th 1940.

	DURATION
Immediate cause of death: Pneumonia	1946
Due to: Cerebral Hemorrhage	1939
Due to: Hypertension	1920
Other conditions: Chronic Nephritis	1920

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank Wolbert M.D.
M. D. or other

Address: Havre de Grace Date signed: 1-22-40

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FEB 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93a)

CERTIFICATE OF DEATH

0674

Reg. Diat. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford.
City or town Havre de Grace, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Steam Ferry Alley
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Steam Ferry Alley
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Bertha Bibbs.

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: widow.
6 (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): July 4 - 1880
8. AGE: Years 59 Months 6 Days 24 If less than one day ____ hrs. ____ min.
9. Birthplace Rowlandsville, Cecil Co., Md. (Town, county, and state)
10. Usual occupation House work.
11. Industry or business —
FATHER 12. Name Augustus Stokes.
13. Birthplace Cecil Co., Md.
MOTHER 14. Maiden name Unknown.
15. Birthplace "
16. Informant Alfred Stokes,
Address Havre de Grace, Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof Feb. 1-1940 (month) (day) (year)
Cemetery or crematory Union Cemetery.
Location Swan Creek - Md.
16. Funeral director Pennington & Son.
Address Havre de Grace, Md.
19. Jan 30th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1940, at 10:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 28 1940, to Jan 29 1940, and that I last saw her alive on Jan 29 1940

	DURATION
Immediate cause of death: Acute Myocarditis	1-28-40
Due to	
Due to	
Other conditions: Bronchopneumonia	1-1-40

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Claude L Cowan M. D. or other
Address 369 Revolution St. Date signed 1-29-40
Havre de Grace Md.

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FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (178-2)

0675

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford

City or town Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rogers St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 83-1-11

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George W. Bradford Sr.

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed or divorced: Widower

6 (b) Name of ~~husband or~~ wife Leanna Gardner Bradford

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7th 1856

8. AGE: Years 83 | Months 1 | Days 11 | If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name J. Thomas Bradford
13. Birthplace Maryland

MOTHER
14. Maiden name Ann Tolley Hall
15. Birthplace Maryland

16. Informant Mr. George W. Bradford Jr.

Address 1603 Keystone Ave Upper Darby

17. Burial Date thereof Jan. 20-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Druid Ridge

Location Baltimore Co.

18. Funeral director Henry Tarring & Sons

Address Aberdeen Md.

19. Jun 19 1940 O. C. Michael
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1940, at Between 3-6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death accidental absorption of poisonous gas

Due to Illuminating gas poisoning

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 1/18/40

Where did injury occur? Aberdeen (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Gas Heater Injured at work? No

23. SIGNATURE J. H. Ramsey M.D.
M. D. or other
Dep. Med. Examiner

Address Aberdeen, Md. Date signed 1/19/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0676

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 839 Erie Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): About 21

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre de Grace Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 839 Erie Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lilas Ann Brookes

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: Negro

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Robert Brookes

6(c) If alive, give age: ——— years

7. Birth date of deceased (mo., day, yr.): December 3 1857

8. AGE: Years: 82 Months: 1 Days: 11 If less than one day: ——— hrs. ——— min.

9. Birthplace: South Caroline (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: none

FATHER 12. Name: Washington Lott

FATHER 13. Birthplace: South Carolina

MOTHER 14. Maiden name: unknown

MOTHER 15. Birthplace: unknown

16. Informant: Mrs (Jack) Simmons

Address: 839 Erie Street.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 18 40 (month) (day) (year)

Cemetery or crematory: St. James A. M. E. Cemetary

Location: Havre de Grace, Md.

18. Funeral director: Elmer E. Bullock

Address: Havre de Grace, md.

19. Jan 18th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 15 1940, at 12:07 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 8 1940, to Jan 15 1940, and that I last saw h[illegible] alive on Jan 14 1940

Immediate cause of death	DURATION
Broncho-Pneumonia	1-11-40
Due to Acute Bronchitis	1-6-40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: none held

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Claude L. Cowan M. D. or other

Address: Havre de Grace md Date signed: 1-17-40

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FEB 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

0677

CERTIFICATE OF DEATH

Reg. Dist. No. 184

1. PLACE OF DEATH:
County Harford
~~City or~~ town Harford Darlington, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
~~City or~~ town Darlington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary F. Cain

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	Colored	Married

6 (b) Name of husband or wife Thomas Cain

Alive 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1867

8. AGE:

Years	Months	Days	If less than one day
72	6	28	hrs. min.

9. Birthplace Harford Co., Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name Henry Aikens
13. Birthplace Harford Co., Md

MOTHER
14. Maiden name Grace A Pressberry
15. Birthplace Harford Co. Md

16. Informant Alexander Webster
Address Darlington, Md.

17. Burial Date thereof Jan. 25, 1940
(Burial, ~~cremation, or removal~~. Which?) (month) (day) (year)
Cemetery or crematory Horanna Cem.
Location Harford Co., Md.

18. Funeral director H. S. Bailey
Address Darlington Md.

19 Jan 24 1940 M. A. Kirk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1940, at 12:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-17-39 to 1-23-1940, and that I last saw h~~e~~r alive on 1-22 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 1-12-40
Due to Hypertension — 1 yea
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Claude L. Cowan
M. D. or other
Address Havre de Grace Date signed 1-23-40

RECEIVED
FEB 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

0678

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH.

County: Harford County

City or town: Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 days

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre-de-Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 312 Stokes Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Laurence Crawford

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Child

6 (b) Name of husband or wife

8(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 12-1926

8. AGE: Years	Months	Days	If less than one day
13	4	11	____ hrs. ____ min.

9. Birthplace: Havre de Grace, Maryland
(Town, county, and state)

10. Usual occupation: School boy

11. Industry or business:

FATHER 12. Name: Laurence Crawford

FATHER 13. Birthplace: Havre-de-Grace, Maryland

MOTHER 14. Maiden name: Rosalie Poplar

MOTHER 15. Birthplace: Havre-de-Grace, Maryland.

16. Informant: Harford Memorial Hospital,

Address: Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 4-1940 (month) (day) (year)

Cemetery or crematory: Mt. Erin Cemetery

Location: Havre de Grace, Md.

18. Funeral director: Pennington & Sons,

Address: Havre de Grace, Md.

19. Jan. 3rd 1940 (Date rec'd by registrar) James L. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 1 1940, at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 30 1939, to Jan 1 1940, and that I last saw him alive on Jan 1 1940.

Immediate cause of death	DURATION
Diabetic Coma	
Due to Diabetes Mellitus & Acute Nephritis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: C. L. Lewis M.D.
M. D. or other

Address: Havre de Grace Md. Date signed 1-2-40

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FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0679

93-2

1. PLACE OF DEATH

County Harford Registration Dist. No. 184

Village or City Dublin No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A Deckman

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Susan Deckman

6. DATE OF BIRTH (month, day, and year) August 30 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Feed Store

10. Date deceased last worked at this occupation (month and year) Jan. 1940

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

FATHER

13. NAME James P. Deckman

14. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Thompson

16. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

17. INFORMANT Mrs. Wm. A. Deckman (Address) Street, Harford Co. Md. R.D.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Dublin Cem. Date Jan. 8, 1940

19. UNDERTAKER H. L. Bailey (Address) Darlington Md

20. FILED Jan. 6, 1940 M. W. Kirk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 5 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1939, to Jan 5, 1940

I last saw him alive on Jan 5, 1940; death is said to have occurred on the date stated above, at 4A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chr. Myocardial Disease	6 mos. ago.

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Willard P. Hudson M. D.

(Address) Forest Well Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

0680

Reg. Dist. No. 185

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace Aberdeen

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2½ Days

Stay in this community (yrs., or mos., or days) 59 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Aberdeen Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gertrude Hardy

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Josiah Hardy

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17th 1880

8. AGE: Years	Months	Days	If less than one day
59	3	6	hrs. min.

9. Birthplace Aberdeen Md (Town, county, and state)

10. Usual occupation Home wife

11. Industry or business

FATHER 12. Name James Moulton

13. Birthplace Aberdeen Md

MOTHER 14. Maiden name Harriet Washington

15. Birthplace Harford Co. Md

16. Informant Miss Jessie Hardy

Address Aberdeen Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 15-1940 (month) (day) (year)

Cemetery or crematory Mt Calvary

Location Near Aberdeen Md

18. Funeral director Henry Tarring Sons

Address Aberdeen Md

19. Jan 12th 1940 (Date rec'd by registrar) James H. Bay MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11th 1940, at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Jan 9th 1940, to Jan 11 1940, and that I last saw h alive on Jan 11 1940.

Immediate cause of death	DURATION
Coronary Obstruction	
Due to Arterio Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. or other

Address Havre de Grace Md Date signed 1-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

0681

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Harford Co. Md. (83a) Registration Dist. No. 180

Village or City Joppa No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Georgianna Harris If U.S. Veteran specify WAR

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Asbury Harris

6. DATE OF BIRTH (month, day, and year): Feb 2 1872

7. AGE: 67 Years | Months: 11 | Days: 20 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Albert Stevenson Joppa Md

18. BURIAL, CREMATION, OR REMOVAL Place: Asbury Cem. Date: 1-25, 1940

19. UNDERTAKER (Address): Francis A. Hemsley 578 W Biddle St

20. FILED: 1/22, 1940 C. Harry Anderson Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1939, to Jan 22, 1940

I last saw her alive on Jan 18, 1940; death is said to have occurred on the date stated above, at 5:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec 3 1939

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) Fred O Hodous M. D.

(Address) Edgewood, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED FEB 6 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

CERTIFICATE OF DEATH

0682

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:
County: Harford.
City or town: Abingdon, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 67 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland, County: Harford.
City or town: Abingdon, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sidney Harward

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife: Charles H Harward,

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 17th 1851

8. AGE: Years	Months	Days	If less than one day
88	7	15	hrs. min.

9. Birthplace: Maryland.
(Town, county, and state)

10. Usual occupation: House Wife.

11. Industry or business

FATHER 12. Name: James Norris,

13. Birthplace: Maryland.

MOTHER 14. Maiden name: Unknown.

15. Birthplace: Maryland,

16. Informant: Miss Lillie Harward,
Address: Abingdon, Md.

17. (Burial, cremation, or removal. Which?) Date thereof: 1 18 1940 (month) (day) (year)
Cemetery or crematory: Abingdon, M.E.
Location: Abingdon, Md.

16. Funeral director: Howard K. McComas,
Address: Abingdon, Md.

19. Jan. 16 1940 (Date rec'd by registrar) Emily M Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 15 1940, at noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 25 1939, to Jan 15 1940, and that I last saw her alive on Jan 15 1940.

	DURATION
Immediate cause of death: Uremia	2 wks
Due to: Chronic Arterial Sclerosis nephritis	4 years
Due to:	
Other conditions: bronchitis onset	Dec 25

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Fred O Hodous M.D.
M. D. or other
Address: Edgewood Md Date signed 1-16-40

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

0683

[WITHIN CORPORATE LIMITS ?]

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 701 Ontario St
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 701 Ontario St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Bettie Hays

3. (b) Social Security Number: no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: —
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Dec. 18 1858

8. AGE: Years	Months	Days	If less than one day
81	0	17	— hrs. — min.

9. Birthplace: Harford Co. Md. (Town, county, and state)
10. Usual occupation: House Duties
11. Industry or business: Home
FATHER 12. Name: Dr. Geo. T. Hays
13. Birthplace: Md. (Cousin)
MOTHER 14. Maiden name: C. Susan Hays
15. Birthplace: Md.
16. Informant: Mrs. Susie Burroughs
Address: 701 Ontario St. HdeG.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 6. 1940 (month) (day) (year)
Cemetery or crematory: Abingdon M.E. Cem.
Location: Harford Co. Md.
18. Funeral director: R. Madison Mitchell
Address: Havre de Grace, Md.
19. Jan 6th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 4 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1935, to Jan 4 1940, and that I last saw h alive on Jan 3 1940.

Immediate cause of death	DURATION
Myocarditis	
Due to Arteria Sclerosis	
Due to Acute Diffuse Nephritis	
Other conditions Fractured Vertebrae 1st Lumbar.	
Due to accidental falls	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: June, 1937
Where did injury occur? Aberdeen, (City or town) Harford (County) Maryland (State)
Injured at home, farm, industry, public place (where?): In her home.
Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: Charles J. Foley M.D.
M. D. or other
Address: Havre de Grace Md. Date signed: 1/5/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

0684

CERTIFICATE OF DEATH

Reg. Dist. No. 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Magnolia
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 55 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Magnolia Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Malinda Herbert

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	widowed

6 (b) Name of husband or wife John C. Herbert
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 14 - 1849

8. AGE: Years 90 | Months 6 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER 12. Name Underwood Guyton
13. Birthplace Maryland

MOTHER 14. Maiden name Hutchinson
15. Birthplace "

18. Informant J. O. Herbert.
Address Magnolia

17. (Burial, cremation, or removal. Which?) Date thereof 1 (month) 19 (day) 1940 (year)
Cemetery or crematory Trinty Luthern,
Location Joppa, Md.

18. Funeral director Howard K. McComas,
Address Abingdon, Md.

19. Jan. 17, 1940 (Date rec'd by registrar) Emily M. Shipley (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1940, to Jan 16 1940, and that I last saw h[er] alive on Jan 16 1940

	DURATION
Immediate cause of death Myocardial Insufficiency	10 days
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Mark Booth M. D. or other
Address Edgewood Md Date signed Jan 17-40

RECEIVED
FEB 5 1940
BUREAU V. S.

0685

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-2)

County Harford Registration Dist. No. 182

Village or City (Near) Joppa No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Reynolds Kraft Johnson U. S. Veteran, specify WAR

(a) Residence: No. Joppa Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 11 – 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farming

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Dec 39 — 11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jas Locher Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emily Tar Massey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Massey Johnson Joppa Md

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cem Date Jan 16, 1940

19. UNDERTAKER (Address) Harbinger & Goss. Benson Md.

20. FILED Jan 15, 1940 N E Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1939, to Jan 13, 1940

I last saw him alive on Jan 13, 1940; death is said to have occurred on the date stated above, at 2:10 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Epilepsy	1920
Arterio-sclerosis	—
T.B. Keratitis	1938
Myocarditis	1939

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas Roth M. D.

(Address) Edgewood Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0686 1939 98 67

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town Forest Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Forest Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas J. Kahoe. Kahoe

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife Single
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Aug 18. 1868
8. AGE: Years 71 Months 5 Days 27 If less than one day ___ hrs. ___ min.
9. Birthplace Md. (Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business Self
FATHER 12. Name Michael Kahoe
13. Birthplace Ireland
MOTHER 14. Maiden name Margaret Haverlind
15. Birthplace Md
16. Informant Miss Helen H. Kahoe
Address Forest Hill Md.
17. (Burial, cremation, or removal? Which?) Date thereof Jan 15 1940 (month) (day) (year)
Cemetery or crematory St Ignatius Cem.
Location
18. Funeral director Harnberger & Gross
Address Benson Md.
19. Jan 14 1940 N E Richardson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940, at ___ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9 1940, to Jan 12 1940, and that I last saw him alive on Jan 11 1940.

Immediate cause of death: Acute infectious hepatitis — DURATION ?
Lobar pneumonia — 2 da.
Due to
Due to
Other conditions Chr myocardial Disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other
Address Forest Hill, Md Date signed 1/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

6687

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford.

City or town Fallston

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ~

Stay in hospital or inst. (yrs., or mos., or days) ~

Stay in this community (yrs., or mos., or days) ~

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford.

City or town Fallston Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ~

3. (a) FULL NAME Dorothy G. Kearney.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	W	~

6 (b) Name of husband or wife ~

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) ~

8. AGE: Years ~ | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Harford Co. Md. (Town, county, and state)

10. Usual occupation ~

11. Industry or business

FATHER 12. Name Frank S Kearney

13. Birthplace Md.

MOTHER 14. Maiden name Althea Somers

15. Birthplace La.

16. Informant Mr. Frank S Kearney Address Fallston Md.

17. ____ (Burial, cremation, or removal. Which?) Date thereof Feb 1, 1940 (month) (day) (year)

Cemetery or crematory Long Green Cem.

Location ~

18. Funeral director Hamburg & Goss.

Address Benson Md.

19. Feb 1 1940. M E Richardson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death Stillborn — DURATION

Due to ~

Due to ~

Other conditions ~

(Include pregnancy within 3 months of death)

Major findings:

Of operations ~

Of autopsy ~

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Clifford F. Hudson M. D. or other

Address Fork Md Date signed 1/31/40

RECEIVED
FEB 3 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSA 15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

WITHIN CORPORATE LIMITS •

CERTIFICATE OF DEATH

0688

Reg. Dist. No. 180

1. PLACE OF DEATH:
County Harford Co.
City or town Havre de Grace Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 643 North Stokes St,
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 643 N. Stokes St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert Keppinger

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Single, Still born

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4 - 1940.

8. AGE: Years — Months — Days — If less than one day 1 hrs. 45 min.

9. Birthplace Havre de Grace, Md.
(Town, county, and state)

10. Usual occupation none.

11. Industry or business

FATHER 12. Name Matthew Keppinger.

13. Birthplace Philadelphia, Pa.

MOTHER 14. Maiden name Olive Riale,

15. Birthplace Kennett Square, Pa.

16. Informant Matthew Keppinger.

Address Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 6. 1940. (month) (day) (year)

Cemetery or crematory Angel Hill Cemetery,

Location Havre de Grace, Md.

18. Funeral director Pennington & Son.

Address Havre de Grace, Md.

19. Jan. 6th 1940 (Date rec'd by registrar) James H. Berry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 1940, to Jan 4 1940, and that I last saw him alive on Jan 4 1940.

Immediate cause of death	DURATION
Stillborn	
Due to Prematurity	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Wolbert M.D. M. D. or other

Address Havre de Grace Md. Date signed 1/5/40

RECEIVED
FEB 5 1940
BUREAU V. S.

0689

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Benson Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City or town Benson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John H. Lambright

3. (b) Social Security Number

4. Sex Male

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 17, 1856

8. AGE: Years 84 Months 10 Days 26 If less than one day hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Self

FATHER 12. Name John Lambright

13. Birthplace Md.

MOTHER 14. Maiden name Ella Shanberger

15. Birthplace Md.

16. Informant Mr. Lee Lambright

Address Benson Md

17. (Burial, cremation, or removal. Which?) Date thereof Jan 28, 1940 (month) (day) (year)

Cemetery or crematory Friendship M.E.

Location Fallston Md

18. Funeral director Hamberger & Cross

Address Benson Md.

19. Jan 27 1940 N E Richardson

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26, 1940, at 9 A 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6, 1939, to Jan 26, 1940, and that I last saw him alive on Jan 25, 1940.

Immediate cause of death Congestive Heart Failure — DURATION 3 days

Due to Myocardial Degeneration — 5 yrs

Due to

Other conditions Hypertrophy of Prostate Gland — 4 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE Clifford F. Hudson, M.D. M. D. or other

Address Fork, Md Date signed 1/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 182

CERTIFICATE OF DEATH

107

0690

1. PLACE OF DEATH:

(a) County Harford

(b) City or town Bel Air (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 mo

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Harford

(c) City or town Bel Air Md (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rebecca A Lancaster

3 (b) If veteran, name war: yes

3 (c) Social Security No. ✓

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife Hudson Lancaster

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years: about 79 | Months: — | Days: — | If less than one day ____ hr. ____ min.

9. Birthplace Brinkers Corner Harford Co (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER

12. Name John Patton

13. Birthplace Harford Co Md

MOTHER

14. Maiden Name Mary Ann Ely

15. Birthplace Harford Co Md

16 (a) Informant Marion Whitaker

(b) Address Forest Hill Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3rd 1940 (month) (day) (year)

(c) Cemetery or crematory Old Brick Baptist Cem

Location near Jarrettsville Md

18 (a) Funeral director E G Kurtz & Son

(b) Address Jarrettsville Md.

19 (a) Jan 2 (Date rec'd by registrar) (b) N. E. Richardson Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 1 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1939, to Jan 1 1940, and that I last saw him alive on Jan 1 1940.

Immediate cause of death Bronchio-pneumonia (primary) — Duration 4 da

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Willard P. Hudson M. D. or other

Address Forest Hill Md Date signed Jan 2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(M)

(T)

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (124b)

0691

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre-de-Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (~~yrs., or mos.,~~ or days) 26
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre-de-Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 641 Erie Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Vincenzio Leonardi
3. (b) Social Security Number 2

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced married
6 (b) Name of ~~husband~~ or wife Bernadine Leonardi
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) December 2-1882
8. AGE: Years 57 Months 1 Days 27 If less than one day ___ hrs. ___ min.
9. Birthplace Italy (Town, county, and state)
10. Usual occupation Store Keeper
11. Industry or business Grocer
FATHER 12. Name Sam Leonardi
13. Birthplace Italy
MOTHER 14. Maiden name Theresa Marelle
15. Birthplace Italy
16. Informant Sammy Leonardi
Address Havre de Grace, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Jan. 31-1940 (month) (day) (year)
Cemetery ~~or crematory~~ Mt. Erin Cemetery.
Location Havre de Grace, Md.
18. Funeral director Pennington & Son.
Address Havre de Grace, Md.
19. Jan-30th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 1940, at 2 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to Jan 28 1940.
and that I last saw him alive on Jan 28 1940.
Immediate cause of death Cirrhosis of Liver
Acute Myocarditis
Due to Acute Nephritis
Ulcer of Stomach
Due to with hemorrhage
Other conditions Ascites Anuria
Toxemia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D. M. D. or other
Address Havre de Grace, Md. Date signed 1/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

0692

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Street, R. D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 26 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Street Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rene P Lester

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of ~~husband~~ or wife Nannie Lester

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20 - 1881

8. AGE: Years	Months	Days	If less than one day
58	2	5	hrs. min.

9. Birthplace Tazewell Co. Va.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER 12. Name John Lester
13. Birthplace Tazewell Co. Va.
MOTHER 14. Maiden name Ellen Cecil
15. Birthplace Tazewell Co. Va.
16. Informant Nannie Lester
Address Street, Md. R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 28-1940 (month) (day) (year)
Cemetery or crematory Mt. Zion
Location near Bel Air, Md.
18. Funeral director Hubert P. Harkins
Address Delta, Pa.
19. Jan. 26 1940 (Date rec'd by registrar) Registrar J. S. McNabb for C.E.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1940, approx at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Presumably Coronary occlusion	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Ramsey M.D
Dep. Md. Examiner
M. D. or other
Address Aberdeen, Md. Date signed 1/25/40

RECEIVED
FEB 6 1940
BUREAU V. S.

0693

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Benson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) About 70 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town Benson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Spanish American

3. (a) FULL NAME Charles Litton

3. (b) Social Security Number

4. Sex Male

5. Color or race Negro

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lucy Litton

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) About 65 yrs.

8. AGE: Years abt. 65 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Tennessee (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business Pensioned Veteran

FATHER

12. Name Chas Litton

13. Birthplace Va

MOTHER

14. Maiden name Unknown

15. Birthplace

16. Informant Lucy Litton

Address Benson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 3, 1940 (month) (day) (year)

Cemetery or crematory Tabernacle A.M.E.

Location Benson, Md.

18. Funeral director Hornbeger & Gross.

Address Benson, Md.

19. Jan 2 1939 (Date rec'd by registrar) N. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1, 1940, at 1 A 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 11, 1939, to Jan. 1, 1940, and that I last saw him alive on Dec. 31, 1939.

Immediate cause of death Congestive Heart Failure — DURATION 3 da.

Due to Myocardial Degeneration — 3 yrs.

Due to

Other conditions Chronic Osteomyelitis at femur from gunshot wound.

(Include pregnancy within 3 months of death)

Major findings received while in service, in Spanish-American War. C.W.G.

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Wound of War. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Spanish-American War.

Means of injury Injured at work?

23. SIGNATURE Clifford F. Hudson, M.D. M. D. or other

Address Fork, Md. Date signed 1/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

0694

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52a)

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County: Harford

City or town: Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ~~John Hopkins Hospital~~

Stay in hospital or inst. (yrs., or mos., or days): 17 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ella John Love

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bennett Alexander Love

6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): December 26, 1882

8. AGE: Years: 57 1882 Months: ~~Dec.~~ 0 Days: ~~26~~ 17 If less than one day: hrs. min.

9. Birthplace: Perryhall - Baltimore County
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: David Swartz, Love
13. Birthplace: Harford County, Md

MOTHER
14. Maiden name: Mammie Gallion,
15. Birthplace: Perryhall Balto. County, Md

16. Informant: Miss Katherine Love
Address: Aberdeen, Md

17. (Burial, cremation, or removal. Which?) Date thereof: 1 (month) 16 (day) 1940 (year)

Cemetery or crematory: Mt. Carmel,

Location: Emmorton, Md.

18. Funeral director: Howard K. McComas,
Address: Abingdon, Md.

19. Jan. 14 1940 (Date rec'd by registrar) Emily M. Shipley Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 13 1940, at 7:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1939, to Jan 13 1940, and that I last saw her alive on Jan 10 1940.

Immediate cause of death: hypernephoma with metastasis to skull and other bones and lungs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: none

DURATION: 10 months.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Ned O Hodous M.D.
M. D. or other

Address: Edgewood Md Date signed: Jan. 15, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (190)

CERTIFICATE OF DEATH

0695

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford

City or town Near Edgewood Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland, County Harford.

City or town Van Bibber, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William McDaniel

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	unknown

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
75			hrs. min.

9. Birthplace unknown (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name unknown

13. Birthplace unknown

MOTHER 14. Maiden name unknown

15. Birthplace unknown

16. Informant Eason Starr

Address Edgewood. Md

17. (Burial, cremation, or removal. Which?) Date thereof 1 26 1940 (month) (day) (year)

Cemetery or crematory John Wesley,

Location Abingdon, Md.

18. Funeral director Howard K. McComas,

Address Abingdon, Md.

19. January 25 1940 (Date rec'd by registrar) Emily M Shipley Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Between Jan 18, & 22 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

Immediate cause of death Exposure and Excessive Cold

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J H Ramsey M.D. Dep. Med. Examiner M. D. or other

Address Aberdeen Md. Date signed 1/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

0696

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City ~~or town~~ Havre de Grace, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution~~ 733 Ontario St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all his life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford.
City ~~or town~~ Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 733 Ontario St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George F. McMaster.

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) ~~Single, married, widowed, or divorced~~
Male	White	Married.

6 (b) Name of ~~husband or~~ wife Wilhelmina Walters.

6(c) If alive, give age ~~date~~ 70 years

7. Birth date of deceased (mo., day, yr.) Dec. 16 1863.

8. AGE: Years	Months	Days	If less than one day
76	1	—	hrs. min.

9. Birthplace Havre de Grace Md.
(Town, county, and state)
10. Usual occupation Rail Road Carpenter,
11. Industry or business Retired.
FATHER 12. Name John J. McMaster,
FATHER 13. Birthplace Cecil Co.
MOTHER 14. Maiden name Susanna Stultz,
MOTHER 15. Birthplace Cecil Co.
16. Informant Mrs. George McMaster.
Address Havre de Grace, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Jan 19-1940
(month) (day) (year)
Cemetery ~~or crematory~~ Angel Hill Cemetery,
Location Havre de Grace, Md.
18. Funeral director Penington & Son,
Address Havre de Grace Md.
19. Jan. 18th. 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 6 1940, to Jan 16 1940, and that I last saw ~~him~~ alive on Jan 16 1940.

	DURATION
Immediate cause of death Uremia Sclerosis	
Cerebral Hemorrhage	
Due to Chronic Myocarditis	
Due to Bronchial Catharrh	
Other conditions Cardiac Failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Claudius J. Foley M.D.
M. D. or other
Address Havre de Grace Md. Date signed 1/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (16 N)

0697

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
County Harford
City or town Rural Near – Aberdeen Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 31 – 1 Mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Rural Near Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Short Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Raymond Morgan Mitchell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	W	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 21st 1908

8. AGE: Years 31 | Months 1 | Days 24 | If less than one day ____ hrs. ____ min.

9. Birthplace Aberdeen Harford Co. Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Ralph M. Mitchell
13. Birthplace Harford Co. Maryland

MOTHER
14. Maiden name Maude A. Raymond
15. Birthplace Harford Co. Maryland

16. Informant Mrs. Sydney N. Mitchell
Address Aberdeen Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 17th 1940 (month) (day) (year)
Cemetery or crematory Grove
Location Aberdeen Md.

18. Funeral director Henry Garring & Sons
Address Aberdeen Md.

19. Jan. 17 1940 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

Between 12-5:30 PM

20. DATE OF DEATH Jan. 15, 1940, at ____ M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Suicide by Poisonous gas Carbon Monoxide Poisoning	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of Jan. 15, 1940
Where did injury occur? near Aberdeen (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Automobile, Exhaust Injured at work?

23. SIGNATURE J. H. Ramsey M. D.
Dep. Md. Examiner (M. D. or other)
Address Aberdeen, Md. Date signed Jan. 16, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0698

(181)

1. PLACE OF DEATH

County Harford — Registration Dist. No. 182

Village or City Forest Hill — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie F. Monks.

(a) Residence: No. Forest Hill St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of J. Ferris Monks.

6. DATE OF BIRTH (month, day, and yaar) Oct 18, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

f0. Date daceased last worked at this occupation (month and year)

ff. Total tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) (Stata or country) Md.

FATHER

13. NAME R Lee Croxton

14. BIRTHPLACE (city or town) (Stata or country) Md.

MOTHER

f5. MAIDEN NAME Elizabeth Baucr.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT J. Ferris Monks. (Address) Forest Hill, Md.

f8. BURIAL, CREMATION, OR REMOVAL Place Friendship Date Jan 15, 19 40

19. UNDERTAKER Hagerheger & Cross (Addrass) Benson, Md.

20. FILED Jan 13, 19 40 N. E. Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended dacaased from Nov 20, 1939, to Jan 11, 1940

I last saw her alive on Jan 10, f940; daath is said to have occurred on the date stated above, at 5:0 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:

	Date of onset
Gangrene of foot resulting	12/20/39
from a Uleers &	
Chr. myocardial Disease	2 yr.
(anuerism fibrocreion)	

Other Contributory Causes of importanca:

Name of oparation ____ Date of ____

What test confirmad diagnosis? ____ Was there an autopsy? No

23. If death was due to axternal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/5/39, 19

Whera did Injury occur? Home (Specify city or town, county and State)

Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. Home

Manner of Injury ____

Natura of injury Burns of leg & foot by Electric pad.

24. Was disaase or injury in any way ralated to occupation of daceasad? ____

If so, specify ____

(Signed) Willard P. Hudson M. D.

(Address) Forest Hill Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 8 1930

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

0699

(92c)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 618 Waters St.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 618 Waters St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME William Smith Oneal
3. (b) Social Security Number 717-09-4532

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married 3 J.
6 (b) Name of husband or wife Florence Oneal
6(c) If alive, give age 25 years
7. Birth date of deceased (mo., day, yr.) Sept. 10, 1884

8. AGE: Years 55 Months 3 Days 29 If less than one day — hrs. — min.

9. Birthplace Laural, Del. (Town, county, and state)
10. Usual occupation Draw Tender Penn. R.R.
11. Industry or business Penn. R.R.
FATHER 12. Name Charles Oneal
13. Birthplace Del.
MOTHER 14. Maiden name Elizabeth Baker
15. Birthplace Del.
16. Informant Mrs. Florence Oneal
Address Havre de Grace Md.
17. Removal (Burial, cremation, or removal. Which?) Date thereof Jan. 11, 1940 (month) (day) (year)
Cemetery or crematory Lawncroft
Location Delaware Co. Penn.
18. Funeral director R. Madison Mitchell
Address Havre de Grace, Md.
19. Jan. 10th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1940, at 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 13, 1939, to Jan. 8, 1940, and that I last saw him alive on Jan. 8 1940.

Immediate cause of death	DURATION
Chronic myocarditis	2-13-39
~~Death~~ mitral valvular disease	2-13-39
Due to	
Other conditions Colitis (Include pregnancy within 3 months of death)	10-6-39

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Claude L. Cowan M. D. or other
Address Havre de Grace, Md Date signed 1-10-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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(T)

RECEIVED
[illegible] 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93d) Reg. Dist. No. 180

CERTIFICATE OF DEATH

0700

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Joppa
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 50 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Joppa
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Elizabeth Pearce

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Wm H. Pearce

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 24 1860

8. AGE: Years 79 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Baumgart
15. Birthplace Germany

16 (a) Informant Mrs Harry Holter
(b) Address Joppa Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 (month) 6 (day) 1940 (year)
(c) Cemetery or crematory St. Stephens,
Location Bradshaw, Md.

18 (a) Funeral director Howard K. McComas,
(b) Address Abingdon, Md.

19 (a) Jan. 7. 1940 (Date rec'd by registrar) (b) Emily M. Shipley Local Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 3 1940, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Jan 3 1940, and that I last saw her alive on Jan 3 1940

Immediate cause of death	Duration
Bronchial Pneumonia	3 days
Due to Arteriosclerosis Cardio vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged ststistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Baumgardner M. D. or other
Address Rockdale Md Date signed 1/5/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0701

(83-a)

1. PLACE OF DEATH

County Harford Registration Dist. No. 184

Village ~~or City~~ Darlington No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred P. Post If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word)
Male	White	Married

5e. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Ruth Post

6. DATE OF BIRTH (month, day, and year) May 23, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Filling Station

10. Date deceased last worked at this occupation (month and year) Jan 1940

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) Brooklyn (State or country) New York

FATHER

13. NAME Philip Post

14. BIRTHPLACE (city or town) Unknown (State or country) Unknown

MOTHER

15. MAIDEN NAME Caroline Haege

16. BIRTHPLACE (city or town) Brooklyn (State or country) New York

17. INFORMANT Mrs. Alfred P. Post (Address) Darlington, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Darlington Cem. Date Jan. 9, 1940

19. UNDERTAKER H. S. Bailey (Address) Darlington, Md.

20. FILED Jan. 6, 1940 M. D. Kirk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 5 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Died suddenly 19 to 19

I last saw h alive on 19 ; death is said to have occurred on the dete stated above, at 9:30 P. m.

The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-5-40

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Wes diseaso or injury in any way related to occupetion of deceased? No

If so, specify

(Signed) W. E. Gallion M. D.

(Address) Darlington, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

0702

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 622 No. Stokes Street
Stay in hospital or insf. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 622 No. Stokes St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Hannah Santmyer

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife: Jefferson M. Santmyer

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 21, 1852

8. AGE:

Years	Months	Days	If less than one day
87	10	19	— hrs. — min.

9. Birthplace: Ireland (Town, county, and state)

10. Usual occupation: House Duties

11. Industry or business: Home

FATHER
12. Name: Peter Donovan
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary — unknown
15. Birthplace: Ireland

16. Informant: Mrs. Allie Baldwin
Address: Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 16 1940 (month) (day) (year)
Cemetery or crematory: Angel Hill
Location: Harford Co. Md.

18. Funeral director: F. Madison Mitchell
Address: Havre de Grace, Md.

19. Jan. 15th 19— (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 17 19 40, at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 9 19 40, to Jan. 17 19 40, and that I last saw h[illegible] alive on Jan. 17 19 40.

Immediate cause of death	DURATION
Asthenia Acidosis	
Due to Advanced Pneumonia	
Due to	
Other conditions Acute Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: F. M. Steiner M. D. or other
Address: Havre de Grace Md Date signed 1-15-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (20)

0703

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre-de-Grace
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Harford Memorial Hospital

Stay in hospital or inst. (~~yrs.~~ or ~~mos.~~, or days) 19 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Rocks Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Singleton

3. (b) Social Security Number Poss.-701-01-3506

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband~~ or wife Ratha Belle Singleton

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11 - 1889

8. AGE: Years 50 Months 8 Days 3 If less than one day hrs. min.

9. Birthplace Poole, Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Singleton
13. Birthplace Traffe, Maryland

MOTHER
14. Maiden name Annie Hipkins
15. Birthplace Cooptown, Maryland

16. Informant Mrs Edw Singleton

Address Rocks, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Jan 18 1940
(month) (day) (year)

Cemetery or crematory Slate Ridge Mon.

Location Delta Pa.

18. Funeral director Hubert P Hankins

Address Delta Pa.

19. Jan-15 ctr 1940
(Date rec'd by registrar)

James H. Bay MD
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 10 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 9 1940, to Jan 14 1940, and that I last saw him alive on Jan 14 1940.

Immediate cause of death ~~Tuberculosis of Bladder~~ Toxaemia from infection by urine — DURATION 2 wks

Due to Rupture of Bladder ulcer — 2 wks

Due to Tuberculosis of Bladder — 10 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Cellulitis of Perineum

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Wolbert MD
M. D. or other

Address Havre de Grace Date signed Jan 14

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

0704

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Havre De Grace R.D. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Havre De Grace Ward No. R.D. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Franklin Wolbert Singleton
3. (b) Social Security Number No

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1940

8. AGE: Years | Months | Days | If less than one day hrs. 1 hour min.

9. Birthplace Harford Co., Md (Town, county, and state)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name Charles Singleton
13. Birthplace Harford, Co., Md

MOTHER
14. Maiden name Virginia McCarty
15. Birthplace Marion, Va.

16. Informant Charles Singleton
Address Street Harford Co., Md

17. Burial (Burial, cremation, or removal, which?) Date thereof Jan. 24, 1940 (month) (day) (year)
Cemetery or crematory Tabernacle Cem
Location Harford Co., Md
18. Funeral director H. S. Bailey
Address Darlington Md

19. Jan. 26th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1940, at 2.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

Immediate cause of death Stillborn — DURATION

Due to —

Due to —

Other conditions —

(Include pregnancy within 8 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Lewis Wolbert M.D.
M. D. or other
Address Havre de Grace Date signed 1/24/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0705

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Joppa (Near)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 28 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Joppa (Near) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Louisa Maddemore Spicer

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6. (b) Name of husband or wife: Fred B. Spicer
6. (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): June 15 - 1865
8. AGE: Years: 74 Months: 1 Days: 1 If less than one day: hrs. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER 12. Name: Henry Towers
FATHER 13. Birthplace: Maryland
MOTHER 14. Maiden name: Lucinda Montgomery
MOTHER 15. Birthplace: Maryland
16. Informant: Mrs H Cowles
Address: Joppa Md
17. (Burial, cremation, or removal. Which?) Date thereof: 1 (month) 18 (day) 1940 (year)
Cemetery or crematory: Mountain,
Location: Mountain Md.
18. Funeral director: Howard K. McComas,
Address: Abingdon, Md.
19. (Date rec'd by registrar): Jan. 17 1940 Emily M. Shipley, Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 16 1940, at 2:10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 13 1940, to Jan 16 1940, and that I last saw h[illegible] alive on Jan 16 1940

	DURATION
Immediate cause of death: Myocardial Insufficiency	10 days
Due to: Pulmonary Tuberculosis	35 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Chas E Roth M. D. or other
Address: Edgewood Md Date signed: Jan 17 40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (120-B)

WITHIN CORPORATE LIMITS ?

0706

CERTIFICATE OF DEATH

Reg. Diat. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
212 Freedom St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 212 Freedom
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Mickey Frisby Stansbury

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Robert Stansbury

6(c) If alive, give age about 57 years

7. Birth date of deceased (mo., day, yr.) Unknown year

8. AGE: Years	Months	Days	If less than one day
approximately 55			hrs. min.

9. Birthplace Perryman, Harford, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Gould

FATHER 13. Birthplace Perryman, Md.

MOTHER 14. Maiden name Molly Gould

MOTHER 15. Birthplace Perryman, Md.

16. Informant Mr. Robert Stansbury

Address 212 Freedom St. Havre de Grace Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 4, 1940 (month) (day) (year)

Cemetery or crematory Union M. E. Cemetery

Location Swan Creek, Md.

18. Funeral director Elmer E. Bullock

Address 556 N. Lewis St. Havre de Grace, Md

19. Jan. 4th 1940 (Date rec'd by registrar) James H. Bay M D Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1940, at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 30 1939, to Jan 1 1940, and that I last saw h[illegible] alive on Jan 1 1940

Immediate cause of death	DURATION
Secondary Anemia	11-15-39
Due to Ulcerative Colitis	10-3-39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Claude L. Cowan
M. D. or other

Address Havre de Grace Date signed 1-3-40

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FEB 5 1940
BUREAU V. S.

0707

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town near Norrisville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town near Norrisville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Maandy Walker

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Willie Walker

6(c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Jan 11 - 1906

8. AGE:

Years	Months	Days	If less than one day
34	0	7	hrs. min.

9. Birthplace Ash Co N.C.
(Town, county, and state)

10. Usual occupation house wife

11. Industry or business

FATHER
12. Name Martin E. Ayers
13. Birthplace Ash Co N.C.

MOTHER
14. Maiden name Victoria Barnes
15. Birthplace Ash Co N.C.

16. Informant Willie Walker
Address Fawn Grove R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 20-40 (month) (day) (year)
Cemetery or crematory North Bend
Location Rocks Md.

18. Funeral director E E Gentz Son
Address Jarrettsville Md

19 Jan 20 1940 (Date rec'd by registrar) Thomas R Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 18th 1940, at 12 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec - 24th 1939, to Jany - 18th 1940, and that I last saw h[illegible] alive on Jany 18th 1940.

Immediate cause of death Influenza

	DURATION
Due to	
Due to	
Other conditions Bad Valvular Leak of heart, legs swollen to above Knee Ankles - (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ✓ Injured at work? ✓

23. SIGNATURE Vallie Hawkins M.D -
M. D. or other
Address Fawn Grove. Pa - Date signed 1/18/40

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FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0708

Reg. Dist. No. 187

1. PLACE OF DEATH:
County: Harford
City or town: Darlington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Darlington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural
(If rural give LOCATION)
2(o) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joseph Wallace

3. (b) Social Security Number

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
None
6(c) If alive, give age: None years
7. Birth date of deceased (mo., day, yr.): July 15, 1939
8. AGE: Years: None; Months: 6; Days: 12; If less than one day: hrs. min.
9. Birthplace: Harford Co., Md (Town, county, and state)
10. Usual occupation: None
11. Industry or business: None
FATHER
12. Name: Unknown
13. Birthplace
MOTHER
14. Maiden name: Sarah Wallace
15. Birthplace: Harford Co., Md
16. Informant: Joseph Wallace
Address: Darlington, Md. R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 28, 1940 (month) (day) (year)
Cemetery or crematory: Cedar Cem
Location: Harford Co., Md.
18. Funeral director: H. S. Bailey
Address: Darlington, Md.
19. Jan. 27, 1940 (Date rec'd by registrar) M. W. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 27 1940, at 6 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 10 1940, to Jan 27 1940, and that I last saw him alive on Jan 24 1940.
Immediate cause of death: Bronchial Pneumonia
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: F. P. Snodgrass M. D. or other
Address: Darlington Date signed: 1/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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FEB 12 1940
BUREAU V. S.